

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12917

State File No.

No. 300
10.48

FILED MAR 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall,</u>		c. LENGTH OF STAY (In this place) <u>20 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		<u>0972</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>371 W. Marion</u>				d. STREET ADDRESS (If rural, give location) <u>371 W. Marion</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>----</u> c. (Last) <u>Jackson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1953</u>			
5. SEX <u>3</u> <u>Fe.</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Sept. 24, 1873</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Manger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>.....</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>Y</u>	
13a. FATHER'S NAME <u>George Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Nichols</u>		14. NAME OF HUSBAND OR WIFE <u>.....</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Hopkins, Marshall, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33ix</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 21, 1953</u> , to <u>March 24, 1953</u> , that I last saw the deceased alive on <u>March 23, 1953</u> , and that death occurred at <u>12:10a</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James A. Reid M.D.</u>				23b. ADDRESS <u>Marshall, Missouri</u>		23c. DATE SIGNED <u>3-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-25-53</u>		REGISTRAR'S SIGNATURE <u>Edw. F. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Green</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

George E. Green

Licensed Embalmer No. 4220

P. O. Address

Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.